ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

	I, Mr./Mrs./Ms.		(full	
name o	f parent/guardian) father/mother/guardian of, with University Roll Number), having been admitted to		(full name of	
student	with University Roll Number), having been admitted to		(name of the	
instituti Higher	on), have received or downloaded a copy of the UGC Res Educational Institutions, 2009, (hereinafter called the "Resvisions contained in the said Regulations.	gulations on Curbing	g the Menace of Ragging in	
_	ive, in particular, perused clause 3 of the Regulations and ar	n aware as to what o	constitutes ragging.	
2) I ha	I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.			
3) I he	ereby solemnly aver and undertake that			
a)	My ward will not indulge in any behaviour or act that may Regulations.	be constituted as rag	gging under clause 3 of the	
b)	My ward will not participate in or abet or propagate throug be constituted as ragging under clause 3 of the Regulations		ssion or omission that may	
the	I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.			
cou	I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.			
6) Alc a.	My ward will obey the code of conduct of the institute and activity while in and off the institution campus. My ward will be solely responsible for any kind of acciden mentioned clause (6.a).	do not indulge in ar	•	
Declare	ed this month of _	year.		
			Signature of deponent	
		Name:		
		Address:		
		Telephone/ N	Iobile No.:	
	VERIFICATION			
	d that the contents of this affidavit are true to the best of my hing has been concealed or misstated therein.	knowledge and no j	part of the affidavit is false	
Verifie	d at (place) on this the (day) of (month), (year).			
Solemn	ly affirmed and signed in my presence on this the	(day) of	Signature of deponent (month),	
	fter reading the contents of this affidavit.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\	

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.